MONTANA PUBLIC HEALTH

May, 2008
Vol. 3, Added ISSUE
www.dphhs.mt.gov/PHSD

PREVENTION OPPORTUNITIES UNDER THE BIG SKY

High Prevalence of Smoking in Pregnancy in Women Enrolled in Medicaid

Smoking during pregnancy has a multitude of negative health impacts on the mother, the fetus, and the newborn.[1] When pregnant women do not smoke the risk of premature birth as well as premature death for the baby is reduced. This issue of *Montana Public Health* describes the prevalence of smoking during pregnancy in Montana women overall, and in women enrolled in Medicaid.

The Magnitude of the Problem in Montana Birth record data from the Office of Vital Statistics were used to calculate the prevalence of smoking during pregnancy in Montanans with a live birth from 2004 through 2006. Birth records were also linked to Medicaid claims data to identify women enrolled in Medicaid during their pregnancy.

From 2004 through 2006 there were over 35,000 live births to Montana residents. Eighteen percent of these women smoked during their pregnancy compared to 11% among women in the U.S. in 2005.[2] The prevalence of smoking during pregnancy in Montana varied by county from ≥30% in Roosevelt, Mineral, Deer Lodge, and Silver Bow Counties to less then 10% in Gallatin and Teton Counties (County specific rates can be viewed at http://www.dphhs.mt.gov/PHSD/prevention_opps/MT-PH-prevent-opps-newsletters.shtml).

Extraordinary High Rate in Pregnant Medicaid Women Approximately one-third of women who gave birth from 2004 to 2006 were enrolled in Medicaid (11,186 of 35,586). Women enrolled in Medicaid during their pregnancy (average. age 24) were younger than women not enrolled (average age 28), and were more likely to be American Indian (Medicaid, 23%; not enrolled, 8%), live in a frontier county (42% and 33%), and have less then 12 years of education (25% and 10%).

From 2004 to 2006 women enrolled in Medicaid were over two and a half times more likely to smoke during their pregnancy than women not enrolled in Medicaid (Table). The prevalence of smoking among women enrolled as well as those not enrolled in Medicaid during their pregnancy was highest among unmarried women, and women with <12 years education.

KEY FINDINGS

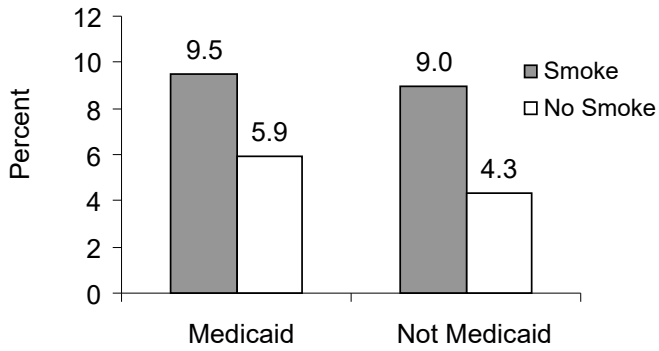
- Women enrolled in Medicaid were 2 ½ times more likely to smoke during their pregnancy than women not enrolled in Medicaid.
- The prevalence of low birth weight infants was higher among women who smoked during their pregnancy compared to women who did not.

Table. Prevalence of smoking during pregnancy, by Medicaid status, Montana, 2004-2006.

Characteristic	Medicaid (%)	Not Medicaid (%)
Total	33	12
Age (yrs)		
<20	31	29
20-29	33	14
30+	33	6
Race		
Am. Indian	30	26
White	33	11
Marital status		
Married	24	6
Unmarried	37	32
Education (yrs)		
<12	46	35
12	32	20
12+	21	5

Low Birth Weight Associated with Smoking in Pregnancy Overall, the prevalence of low birth weight infants (<2,500 g) was higher in women with a singleton birth who smoked during their pregnancy (9.3%) than in women who did not (4.7%). The prevalence of low birth weight was higher in both women with a singleton birth either enrolled or not enrolled in Medicaid who smoked during their pregnancy than in women who were non-smokers (Figure).

Figure. Low birth weight prevalence, by Medicaid status, Montana, 2004-2006



What Can Be Done to Help Pregnant Women Quit? A key strategy to help women quit using tobacco during pregnancy is for health care professionals to identify women who smoke, provide counseling and support for their efforts to quit, and to refer these women to the Montana Tobacco Quit Line.[3] Support for women is also important after delivery because many who quit during pregnancy begin to smoke again. The Montana Tobacco Quit Line also provides a valuable service to pregnant women (and all Montanans) trying to quit using tobacco. A trained cessation coach will assist women is developing a plan to quit and provide free ongoing telephone counseling.

MONTANA TOBACCO QUIT LINE
1-800-QUIT-NOW

Recommendation: What health care providers can do to help pregnant women decrease exposure to the leading cause of premature death in Montana

Ask about tobacco use
Advise to quit
Assess willingness to make a quit attempt
Assist in quit attempt
Arrange follow-up

Refer patients to the Quit Line
1-800-QUIT-NOW (784-8669)
or
use fax referral form

For more information about the quit line, free patient education materials, and fax referral forms contact Heather Beck (406-444-7373, hbeck@mt.gov) or Stacy Campbell (406-444-3138, stcampbell@mt.gov). Visit Montana Tobacco Prevention at http://tobaccofree.mt.gov.

References:

1. US Surgeon General. Women and smoking: a report of the Surgeon General. Rockville, Maryland: US DHHS, PHS, Office of the Surgeon General; Washington DC, 2001.
2. Martin JA, et al. Births: final data for 2005. National vital statistics reports;56(6). Hyattsville, Maryland: National Center for Health Statistics, 2007.
3. Fiore MC, et al. Treating tobacco use and dependence. Clinical practice guideline. Rockville, MD. US DHHS. Public Health Service. June 2000

2,600 copies of this public document were published at an estimated cost of $0.45 per copy, for a total cost of $1,170.00, which includes $403.00 for printing and $767.00 for distribution.

MONTANA
Department of Public Health & Human Services

1400 Broadway
Helena MT 59620-2951
Joan Miles, MS, JD, Director, DPHHS
Steven Helgerson, MD, MPH, State Med. Officer
Jane Smilie, MPH, Administrator, PHSD